EXEMPTIONS 101

LINKS

Connect with me directly

Washington DC Health Form

Washington DC Statutes

Follow Me

What is a religious exemption?

Religious exemptions are used when a parent has a sincerely held belief that prohibits their child/children from receiving vaccinations.

How Do I Get an exemption?

Because each state sets their own laws, every process is different for each state.

It can also depend on the school. Your school may have their own form for you to complete.

Washington DC Requirements

Sample Form

Instructions for completing this form:
Section 1: Enter information of child or student and requestor.
Section 2: Check, Initial, and date vaccines for exemption - complete explanation letter
Section 3: Print name, sign, and date.
Attachments: Attach additional written pages and other information to this certificate to support proof of sincerely held religious beliefs, such as a signed letter from a religious/spiritual leader attended by the requestor explaining the doctrine/beliefs that prohibit the immunization(s) for which the exemption is requested.
Submission: This certificate and any attachments must be submitted directly to DC Health at doh.immunization@dc.gov, OR mailed by USPS or hand-delivered to DC Health, 899 North Capitol Street NE, Washington, DC 20002, 3rd Floor.

Section 1. Child or Student's Information

Last Name: Mouse	First Name: Mickey	Date of Birth: 09/28/12
School, Childcare Facility: Laugh-O-Gram School		
Home Address:	Apt: City: State Zip	
Parent/Guardian/Requestor Name:	Parent/Guardian/Requestor Phone:	
Name and Address of Health Care Provider:	Address	Phone

Section 2: Immunization Exemptions: Place an "X" in a box or boxes to the left of each disease, listed below, for which you do not allow your child or student to receive the vaccine due to sincerely held religious beliefs. Initial and date the box on the right. (To be completed by parent/guardian, or student if the student is age 18 years or older).

I understand by not receiving this vaccine --- my child or student:

☐	**Hepatitis B:** Is at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include jaundice (yellow skin and eyes), life-long liver problems, such as scarring and liver cancer, and death.	Initials_____ Date_____
☐	**Diphtheria (DTaP, DT, Tdap, Td):** Is at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials_____ Date_____
☐	**Tetanus (DTaP, DT, Tdap, Tdap, Td):** Is at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, or death.	Initials_____ Date_____
☐	**Pertussis (Whooping Cough) (DTaP, Tdap):** Is at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.	Initials_____ Date_____
☐	**Haemophilus influenzae type b (Hib):** Is at increased risk of developing Hib if exposed to this disease. Serious symptoms and effects of this disease include meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, and death.	Initials_____ Date_____
☐	**Pneumococcal:** Is at increased risk if exposed to this disease. Serious symptoms and effects of this disease include chest pain with rapid breathing or difficulty breathing, a high fever, shaking, chills, excessive sweating, fatigue, confusion, and a cough with phlegm that persists or worsens, pneumonia, brain damage, and death.	Initials_____ Date_____
☐	**Polio:** Is at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, or death.	Initials_____ Date_____
☐	**Measles, Mumps, Rubella (MMR):** Is at increased risk of developing measles, mumps, and/or rubella if exposed to this disease. Serious symptoms and effects of measles include pneumonia, seizures (jerking and staring), brain damage, or death. Serious symptoms and effects of mumps include meningitis (infection of the brain and spinal cord covering), swelling of the testicles or ovaries, sterility, deafness, or death. Serious symptoms and effects of rubella include rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, or learning disability.	Initials_____ Date_____
☐	**Varicella (Chickenpox):** Is at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include severe skin infections, pneumonia, brain damage, or death.	Initials_____ Date_____
☐	**Hepatitis A:** Is at increased risk for developing hepatitis A if exposed to this disease. Serious symptoms and effects of this disease include jaundice (yellow skin or eyes), "flu-like" illness, hospitalization, or death.	Initials_____ Date_____
☐	**Meningococcal:** Is at increased risk of developing meningococcal disease if exposed to this disease. Serious symptoms and effects of this disease include severe headache, stiff neck, confusion, seizures (jerking and staring), high fever, nausea and vomiting, sensitivity of eyes to light, hearing loss, pneumonia, brain damage, or death.	Initials_____ Date_____
☐	**Human Papillomavirus (HPV):** Is at increased risk of developing human papillomavirus infection if exposed to this disease. Serious symptoms and effects of this disease include genital warts, cancer of the cervix, vulva, vagina, penis, or anus, and cancer of the throat.	Initials_____ Date_____

REV 03-01-22

To request a religious exemption for your student or child:

Please submit the name of each child, their date of birth, and the school or childcare facility where they are or will be enrolled to: doh.immunization@dc.gov. Forms may also be requested in-person Monday - Thursday, 9:00am to 3:30pm at:
DC Health/Immunization Division
Community Health Administration
899 North Capitol Street NE, 3" Floor
Washington, DC 20002

2. CAREFULLY read the form and COMPLETE it in its entirety

- **Print or download the document.**
- **After completion, return the signed form by scanning or uploading the document and email it to doh.immunization@dc.gov**
- **Forms may also be returned in person (in an envelope) or by mail addressed to:**
- **DC Health/Immunization Division**
  889 North Capitol Street NE 3rd floor
  Washington DC 20002

3. Incomplete or non-compliant forms will be returned before being forwarded for review. The process to review and document the exemption can take up to 10 business davs.

4. At that time the school nurse will be able to access the information in the DC Health immunization registry. No further documentation will be provided